

Exhibit A

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

STATE FILE NUMBER 3052021208633		CERTIFICATE OF DEATH USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV 3/06)		LOCAL REGISTRATION NUMBER 3202101006904	
1. NAME OF DECEDENT - FIRST (Given) MARGARET		2. MIDDLE A		3. LAST (Family) BAFALON	
4. AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST) MARGARET FURR BAFALON		5. AGE Yrs 76		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY MISSISSIPPI		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SHIP (at time of death) DIVORCED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED REALTOR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) REAL ESTATE		19. YEARS IN OCCUPATION 10	
20. DECEDENT'S RESIDENCE (Street and number, or location) 1310 HERBAZAL ST		22. COUNTY/PROVINCE SONOMA		23. ZIP CODE 95476	
21. CITY SONOMA		24. YEARS IN COUNTY 16		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP HELEN MALONEY, DAUGHTER		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 5400 MCKINLEY WAY, FELTON, CA 95018			
28. NAME OF SURVIVING SPOUSE/SHIP - FIRST -		29. MIDDLE -		30. LAST (BIRTH) NAME -	
31. NAME OF FATHER/PARENT - FIRST JOHN		32. MIDDLE EDGAR		33. LAST FURR	
35. NAME OF MOTHER/PARENT - FIRST ALYEEN		36. MIDDLE -		37. LAST (BIRTH) NAME PEASON	
34. BIRTH STATE MISSISSIPPI		38. BIRTH STATE MISSISSIPPI			
39. DISPOSITION DATE mm/dd/yyyy 08/27/2021		40. PLACE OF FINAL DISPOSITION RESIDENCE OF HELEN MALONEY 5400 MCKINLEY WAY, FELTON, CA 95018			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT OCEANVIEW CREMATIONS		45. LICENSE NUMBER FD2082		46. SIGNATURE OF LOCAL REGISTRAR NICHOLAS J. MOSS, MD, MPH	
47. DATE mm/dd/yyyy 08/25/2021					
101. PLACE OF DEATH WINDSOR PARK CARE CENTER OF FREMONT		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Nursing Home-LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY ALAMEDA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2400 PARKSIDE DRIVE		106. CITY FREMONT	
107. CAUSE OF DEATH Enter the chain of events - disease, trauma, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) LEWY BODY AND MIXED DEMENTIA		108. TIME ELAPSED BETWEEN ONSET AND DEATH MONS		109. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IMMEDIATE CAUSE (final disease or condition resulting in death) Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) (C) (D)		110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) NO		114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent: Attended Since mm/dd/yyyy (A) 07/27/2021 Decedent: Last Seen Alive mm/dd/yyyy (B) 08/04/2021		115. SIGNATURE AND TITLE OF CERTIFIER JYOTSNA REDDY BOMDICA, MD		116. LICENSE NUMBER A55836	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JYOTSNA BOMDICA M.D.		118. DATE 08/17/2021		119. PLACE OF DEATH 30118 EIGENBRODT WAY, FREMONT, CA 94587	
120. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		121. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		122. INJURY DATE mm/dd/yyyy	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)		126. SIGNATURE OF CORONER / DEPUTY CORONER			
127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR		A B C D E		FAX AUTH.# CENSUS TRACT	

1 of 1

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF ALAMEDA

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

OCT 18 2021

DATE ISSUED

This copy not valid unless prepared on engraved border displaying date and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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HEALTH OFFICER AND LOCAL REGISTRAR
 ALAMEDA COUNTY, CALIFORNIA

CA ALAMEDA 1